

Spiritual Care Collaborative
Summit '09
Health and Hope: The Hard Reality of Living Intentionally in a Village of Care
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PRESENTATION TOPIC: *Spiritual Care Training as a Subversive Activity -- How an integrated competency-based and person-centred pedagogy can transform professional consciousness in an emerging, post-modern healthcare profession.*

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OVERVIEW:

Goals – Persons interested in the nature of professionalism and professional education, particularly regarding spiritual care in healthcare institutions will find this workshop of interest. Following the workshop, participants will be able: (1) to sketch the historic emergence of the professions and describe a morphology of emerging health professions and where spiritual care may 'fit;' (2) to engage elements of a post-modern critique of professional formation (knowledge, training, practice, wealth and power). (3) to frame aspects of reflective and transformative learning theory in relationship to competency-based learning outcomes; and (4) to describe how an integrated person-centred and competency-based pedagogy may function to promote the formation of spiritual care providers with a post-modern approach to professionalism. Discussion is invited.

The Modern Profession and its Post-Modern Critique – According to Cheetham & Chivers (2000), the classical professions of medicine, theology and rhetoric (law) utilized an *apprenticeship* model of professional formation in which training consisted primarily of a learner's observation and replication of the practice of a reputable master. During the scientific revolution a range of *modern* professions emerged (for example medicine) characterized by an exclusive, legislatively mandated access to a specialized body of knowledge and related applications. The power sharing relationship between the state and the modern professions permits professions to be self-regulating in law and to define social reality within their spheres of practice (Friedson, 1970). Entrance into a modern profession and obtaining a license to practice its discipline is strictly controlled. While this status accords certain pragmatic benefits to society, it also serves to secure the profession's exclusive access to a body of specialized knowledge and practice (assessed by examination), and affords it a virtually unassailable hold upon the attendant wealth, power and social status. Historically, these professions have limited socio-economic diversity, and apart from their merits, function to preserve the status of elite groups and the stability of the state (Carr-Saunders & Wilson, 1993). *Theology* does not appear to possess all of these modern characteristics.

The evident exclusivism, the patent self-interest demonstrated in the way the professions exercise political influence, and the notable failure of some professionals to adhere to codes of ethics and practice standards, has brought the modern profession into some

disrepute. Spiritual care providers might do well to consider whether the modern model of professionalism offers an adequate response to their instincts concerning equity of access; sharing of knowledge, power and wealth; public accountability, and other such values. What kind of profession do we want to become?

Spiritual Care as an Emerging Healthcare Profession – Dower, O’Neil & Hough (2001), writing for the Centre for the Health Professions identify 5 characteristics of *emerging health professions*: (1) expert knowledge and tasks, (2) safety and efficacy, (3) recognition, (4) education and training, and (5) practice and viability. Utilizing their criteria to consider how spiritual care providers within healthcare function as professionals shows that spiritual care is still emerging as a healthcare profession. It can legitimately be asked, ‘is what we know and can do our exclusive domain, and is our knowledge and practice set sufficiently distinct and specialized, standardizable, reproducible, measurable and controllable for it to provide an adequate platform for professional emergence?’ Indeed, are we a *discipline* at all, and do we wish to become one?’

Challenging How Professionals are Trained – Adult learning theory is a political force transforming both the learner and the profession (Cevero, Wilson & Associates, 2001). Training for the modern professions has focused upon the technically correct application of specialized theory, an approach Schön (1983, 31f) calls *technical rationality*, with its “*Positivist* epistemology of practice” (emphasis mine). This approach, he feels, fails to provide an adequate preparation for the “messes” of real life, and inadequately considers how the person of the professional and her/his beliefs, values and biases (assumptive world view) affect his/her ability to provide the required care. More current educational pedagogy utilizes a *constructivist* approach with its focus upon the person of the learner and the effective *use of self*. Schön (1983, 68) calls for the development of the *reflective practitioner* who is an *artful doer*, trained to combine both *functional competencies* with *personal competence*. Jack Mezirow (1990, 1-20), calls for *transformative and emancipatory education* that challenges the assumptive world view of the developing professional, leading to a more “permeable and inclusive” (2000) style of engagement with clients and circumstances. Does our educational design in CPE promote the formation of learners who are able to effectively respond to contemporary demands?

Person-centred and Competency-based Training – What are the *drivers* pushing the evolution of pedagogy in the training of spiritual care professionals in healthcare? It could be argued that many spiritual traditions, and CPE as a type of spiritual training, are evocative of a *person-centred, andragogical focus* and that such an emphasis will address only some of the concerns of Schön and Mezirow. It is also evident that a *competency-based pedagogy* is in demand to address the evidence-based and quality-focused demands of the professional workplace, and constitutes a prerequisite to further institutional and social legitimization of spiritual care as a bona fide profession. The integration of these methods of training in a clinical curriculum has the potential to shape the development of spiritual care providers who embody post-modern professional values. We will briefly review one such curriculum for *Hospice Palliative Care Spiritual Care Providers*, and 2 relevant occupational-analysis profiles. Discussion will follow.